

Senate File 35 - Introduced

SENATE FILE 35
BY PETERSEN

A BILL FOR

1 An Act relating to maternal and child health.

2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

DIVISION I

MEDICAID COVERAGE — MATERNAL AND CHILD HEALTH IMPROVEMENTS

Section 1. Section 249A.3, subsection 1, paragraph h, Code 2021, is amended to read as follows:

h. Is a woman who, while pregnant, meets eligibility requirements for assistance under the federal Social Security Act, section 1902(1), and continues to meet the requirements except for income. The woman is eligible to receive assistance until ~~sixty days~~ twelve months after the date pregnancy ends.

Sec. 2. MEDICAID REIMBURSEMENT FOR MATERNAL HEALTH. Under both fee-for-service and managed care administration of Medicaid, the department of human services shall adopt rules pursuant to chapter 17A, amend any contract with a managed care organization, and apply for any Medicaid state plan amendment or waiver as may be necessary to provide for all of the following:

1. Reimbursement in an amount appropriate to cover the entire standard of care costs for labor and delivery.

2. The same reimbursement for maternal-fetal medicine services and comprehensive maternity care, including both facility and professional fees, whether provided in person or through the use of telehealth.

3. Continuous Medicaid eligibility for a woman for a twelve-month postpartum period, if the woman applied for Medicaid coverage before the end of the woman's pregnancy, was determined Medicaid eligible, and remains eligible for coverage during the month in which the woman's pregnancy ends. The woman's eligibility for coverage shall continue during the twelve-month postpartum period beginning with the last day of the woman's pregnancy through the end of the month in which the twelve-month period ends; shall continue without regard to the basis for the woman's eligibility or changes in family income or resources; and shall continue in the same coverage group under which the woman received Medicaid coverage while pregnant unless the woman qualifies for Medicaid under another coverage

1 group once the pregnancy ends or unless the woman's eligibility
2 is through the medically needy program.

3 4. Comprehensive maternity care, to include the basic
4 number of prenatal and postpartum visits recommended by the
5 American college of obstetricians and gynecologists; additional
6 prenatal and postpartum visits that are medically necessary;
7 necessary laboratory, nutritional assessment and counseling,
8 health education, personal counseling, managed care, outreach,
9 and follow-up services; treatment of conditions which may
10 complicate pregnancy; and doula care. For the purposes of this
11 subsection, "doula" means a trained professional who provides
12 continuous physical, emotional, and informational support to a
13 woman before, during, and after childbirth, to help the woman
14 achieve the healthiest, most satisfying experience possible.

15 5. Reimbursement for breast-feeding supports, counseling,
16 and supplies including the standard cost of breast pumps
17 including electric breast pumps and associated breast pump
18 supplies.

19 6. Reimbursement for transportation to all prenatal and
20 postpartum care appointments.

21 7. Reimbursement for all postpartum care products such as
22 breast pads, period pads, comfort products, pain relievers, and
23 other similar products.

24 DIVISION II

25 MATERNAL BEST PRACTICES OR SAFETY BUNDLES — REQUIREMENTS FOR
26 HOSPITALS

27 Sec. 3. NEW SECTION. 135B.36 Maternal best practices or
28 safety bundles — information.

29 A hospital licensed under this chapter that provides labor
30 and delivery services shall do all of the following:

31 1. Adopt and implement the current best practices or safety
32 bundles recommended by the American college of obstetricians
33 and gynecologists and the alliance for innovation on maternal
34 health including but not limited to action measures for
35 obstetrical hemorrhage, severe hypertension or preeclampsia,

1 prevention of venous thromboembolism, reduction of low-risk
2 primary cesarean births and support for intended vaginal
3 births, reduction of peripartum racial disparities, and
4 postpartum care access and standards.

5 2. Provide all of the following information to the public:

6 a. Maternity and neonatal level of care status and the
7 meaning of a maternity or neonatal level of care status.

8 b. Cesarean birth statistics.

9 c. Vaginal birth after cesarean statistics.

10 d. Vaginal birth after two cesarean statistics.

11 e. The rate of exclusive breastfeeding upon discharge from
12 a hospital.

13 3. Provide all women receiving labor and delivery services
14 with information and assistance in applying for services and
15 health care coverage available for women and infants including
16 but not limited to those available through Medicaid; area
17 education agencies; the federal women, infants, and children
18 program; home visiting programs; and other relevant programs
19 prior to discharge from the hospital.

20 4. Have in place a comprehensive labor and delivery unit
21 closure plan that includes a plan for future births and
22 pregnancies and the capacity of other providers to absorb the
23 services in case of unit closure.

24 DIVISION III

25 MATERNAL AND INFANT HOME VISITING PROGRAM

26 Sec. 4. MATERNAL AND INFANT HOME VISITING PROGRAM. The
27 department of human services shall engage in a cross-agency
28 collaboration with the department of public health and the
29 department of education to identify and leverage funding
30 sources and opportunities, including Medicaid, to expand home
31 visiting services for women and infants that promote healthy
32 pregnancies, positive birth outcomes, and healthy infant
33 growth and development. The departments shall involve key
34 stakeholders in designing a home visiting services approach
35 for the state that maximizes the coordination and integration

1 of programs and funding streams, reduces duplication of
 2 efforts, and ensures that the services provided meet federal
 3 evidence-based criteria. The approach shall ensure that home
 4 visiting services shall be available to women prenatally,
 5 throughout the pregnancy, and postpartum, and shall include
 6 mental and physical health, social, educational, and other
 7 services and interventions based upon the risk factors and
 8 needs identified. The departments may conduct a feasibility
 9 study to consider the various options available to increase
 10 Medicaid coverage and funding of home visiting services, either
 11 through a state plan amendment or waiver. The department of
 12 human services shall seek federal approval of any Medicaid
 13 state plan amendment or waiver necessary to administer this
 14 section.

EXPLANATION

16 The inclusion of this explanation does not constitute agreement with
 17 the explanation's substance by the members of the general assembly.

18 This bill relates to maternal and child health.

19 Division I of the bill relates to maternal and child health
 20 improvements under the Medicaid program. The bill directs the
 21 department of human services (DHS) under both fee-for-service
 22 and managed care administration of Medicaid to adopt rules
 23 pursuant to Code chapter 17A, amend any contract with a managed
 24 care organization, and apply for any Medicaid state plan
 25 amendment or waiver as may be necessary to provide all of the
 26 following: 1) reimbursement in an amount appropriate to cover
 27 the entire standard of care costs for labor and delivery, 2)
 28 the same reimbursement for maternal-fetal medicine services
 29 and comprehensive maternity care, including facility and
 30 professional fees, whether provided in person or through the
 31 use of telehealth, 3) continuous Medicaid eligibility for
 32 a woman for a 12-month postpartum period, 4) comprehensive
 33 maternity care, to include the basic number of prenatal and
 34 postpartum visits recommended by the American college of
 35 obstetricians and gynecologists; additional prenatal and

1 postpartum visits that are medically necessary; necessary
2 laboratory, nutritional assessment and counseling, health
3 education, personal counseling, managed care, outreach,
4 and follow-up services; treatment of conditions which may
5 complicate pregnancy; and doula care, 5) reimbursement for
6 breastfeeding supports, counseling, and supplies including
7 the standard cost of breast pumps including electric breast
8 pumps and associated breast pump supplies, 6) reimbursement
9 for transportation to all prenatal and postpartum care
10 appointments, and 7) reimbursement for all postpartum care
11 products such as breast pads, period pads, comfort products,
12 pain relievers, and other similar products.

13 Division II of the bill relates to maternal best practices or
14 safety bundle requirements for hospitals. The bill requires
15 a licensed hospital that provides labor and delivery services
16 to 1) adopt and implement the current best practices or safety
17 bundles recommended by the American college of obstetricians
18 and gynecologists and the alliance for innovation on maternal
19 health; 2) provide information to the public including but not
20 limited to maternity and neonatal level of care status and
21 the meaning of a maternity and neonatal level of care status,
22 cesarean births, vaginal births following cesarean births,
23 and exclusive breast-feeding statistics; 3) provide all women
24 receiving labor and delivery services with information and
25 assistance in applying for services and health care coverage
26 available for women and infants including but not limited to
27 those available through Medicaid; area education agencies; the
28 federal women, infants, and children program; home visiting
29 programs; and other programs prior to discharge from the
30 hospital; and 4) have in place a comprehensive labor and
31 delivery unit closure plan that includes a plan for future
32 births and pregnancies and the capacity of other providers to
33 absorb the services in case of unit closure.

34 Division III of the bill requires DHS to engage in a
35 cross-agency collaboration with the departments of public

1 health and education to identify and leverage funding
2 sources and opportunities, including Medicaid, to expand home
3 visiting services for women and infants that promote healthy
4 pregnancies, positive birth outcomes, and healthy infant
5 growth and development. The departments shall involve key
6 stakeholders in designing a home visiting services approach
7 for the state. Home visiting services shall be available to
8 women prenatally, throughout the pregnancy, and postpartum, and
9 shall include mental and physical health, social, educational,
10 and other services and interventions based upon the risk
11 factors and needs identified. The departments may conduct a
12 feasibility study to consider the various options available
13 to increase Medicaid coverage and funding of home visiting
14 services, either through a state plan amendment or waiver.
15 DHS shall seek federal approval of any Medicaid state plan
16 amendment or waiver necessary to administer this division of
17 the bill.